Original Research Article

Prevalence of undernutrition and its determinants among preschool children in a rural community of Shimoga, Karnataka

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ABSTRACT

Background: Undernutrition is a major health and nutrition problem in India especially among preschool children. It is an important cause of childhood mortality and morbidity and also leads to permanent impairment of physical and mental growth of those who survive. The objective of the study was to estimate the prevalence of undernutrition among preschool children in the study setting and to determine various factors associated with undernutrition of the child.

Methods: A cross sectional study was conducted among 400 preschool children in the field practice area of PHC Aaynoor, Shivamogga, Karnataka. Cluster sampling technique was used for sample selection. Data was collected by interviewing the parent /guardian using a pretested and semistructured questionnaire and anthropometric measurements were done as per standard techniques. Statistical analysis was done using WHO Epi-info software version 3.5.4.

Results: The prevalence of underweight, stunting and wasting was observed in 38%, 43% and 15.8% of children respectively. The study found significant association between the prevalence of undernutrition and gender, birth weight, birth order, number of siblings, caste, paternal literacy and availability of toilet in the house of the child.

Conclusions: The present study revealed that the problem of undernutrition is critical in the study area and identifies multiple risk factors for its causation, thereby signifying a well - coordinated multi sectorial approach to curb the same.

Keywords: Birth weight, Preschool child, Gender identity, Malnutrition, Social class

INTRODUCTION

Nutrition has been recognized as a prerequisite for social and economic development of a country. Adequate nutrition is essential especially in early childhood to ensure healthy growth, proper organ formation and function, development of a strong immune system, and neurological and cognitive functions.¹ The nutritional status of a country particularly of its vulnerable groups comprising of children, expectant and lactating mothers has been recognized as an important indicator of national development.²

Undernutrition is a condition resulting from lack of sufficient energy/protein to meet the body’s metabolic demands, as a result of either an inadequate intake of protein, intake of poor quality protein, increased demands due to disease or increased nutrient losses. It is a major health and nutrition problem in India. It occurs particularly in children and leads to various degrees of growth retardation. It is not only an important cause of childhood morbidity and mortality, but also leads to permanent impairment of physical and mental growth of those who survive.³⁻⁵
Globally in 2011, there were an estimated 165 million children under five years of age who were stunted, 52 million were wasted and 101 million were underweight. Childhood undernutrition is mainly a problem of low and middle income countries and the estimates in these countries are nearly ten times than those found in high income countries. India has the largest share of global childhood malnutrition with 48% stunting, 20% wasting and 43% underweight in children under 5 years of age. Undernutrition is the most important single cause of illness and death globally, accounting for 12% of all deaths and 16% of disability adjusted life years lost. The pre-school age mortality in India is as high as 2.3% of all deaths and undernutrition was shown to be an underlying cause in 3.4% and associated cause in no less than 46%. With this background, the present study was undertaken with the following objectives

**Objectives of the study**

- To estimate the prevalence of undernutrition among preschool children in the study setting.
- To determine various factors associated with undernutrition of the child.

**METHODS**

**Design of study**

Community based cross sectional study.

**Period of study**


**Place of study**

Field practice area of PHC Aaynoor, Shivamogga, Karnataka. It had a population of 20,144 residing in 30 villages and the number of under five children was 1,518 at the time of study.

**Study population**

Pre-school children in the study area.

**Sample size**

Minimum sample size calculated was 385 with an absolute precision of 7% and significance level of 0.05 and design effect of 2, taking 43% prevalence of underweight in India as per recent estimates. We included 400 preschool children in our study.

**Sampling technique**

Cluster sampling technique was used for sample selection. All the 30 villages in the field practice area of PHC Aaynoor were considered as clusters and the same constituted sampling units for the study. 20 clusters were selected by population proportional to size sampling. In each cluster, house to house visit was done and 20 preschool children were included, thus making a total sample of 400.

**Exclusion criteria**

Exclusion criteria were children not found in the house even after giving 2 visits; child residing in the study area for a period of less than 6 months; children of temporary visitors/guests to the house.

**Study tools and data collection**

**Questionnaire:** Pretested and semi-structured questionnaire was used for collection of data by interviewing the parent/guardian of the child after taking an informed consent during house-to-house visit.

**Weighing machine:** Body weight was measured with minimal clothing and without footwear to the nearest 0.1 Kg using LED digital portable weighing scale (SAMSO). Child was weighed alone if the child was able to stand still on the weighing machine. If the child was unable to stand alone, mother was told to hold the baby and stand on the scale and the total weight was recorded. Then the mother’s weight was measured and child’s weight was obtained by deducting her weight from the previous reading.

**Measuring tape (nonflexible):** Length/height was measured using a standard metal tape to the nearest centimeters. For children less than 2 years old, recumbent length was measured. Child was made to lie on a firm flat surface, head was positioned such that the eyes are looking vertically upwards (i.e., Frankfurt plane positioned vertically), knees extended by applying firm pressure and feet are flexed at right angles to the legs and length was measured.

For children aged 2 years and above, standing height was considered. Child was made to stand on flat floor with bare feet placed slightly apart and the back of the head, shoulder blades, buttocks, calves and heels touching the upright wall. The child’s head is so positioned that a horizontal line drawn from the ear canal to the lower edge of the eye socket ran parallel to the floor (i.e., the Frankfurt plane positioned horizontally). The arms were made to hang at sides in natural manner and the reading was taken.

**Statistical analysis**

Data analysis was done using WHO Epi-Info software version 3.5.4. Detection of undernutrition was done using WHO Anthro-software version 3.2.2. It compares the height and weight of each child with the WHO child growth standards, 2006 reference data for that particular age and sex to get weight for age, height for age and weight for height indices. Children below two standard...
deviation of the reference median on any of these indices were considered as undernourished and termed as underweight, stunted and wasted respectively. Children below three standard deviation were considered to be severely undernourished.\(^9\)

In addition, the prevalence of undernutrition was also estimated in relation to certain selected variables. To find out the association of undernutrition with these variables, chi-square test was applied and the statistical significance was evaluated at 5% level of significance.

**Ethical clearance**

It was obtained from the Institutional Ethical Committee, Shimoga Institute of Medical Sciences, Shivamogga.

**RESULTS**

Figure 1 shows the distribution of study subjects according to their nutritional status. According to the WHO child growth standards, the prevalence of underweight (low weight for age), stunting (low height for age) and wasting (low weight for height) was 122 (30.5%), 126 (31.5%) and 56 (14%) respectively in our study. The number of children having severe degree of underweight, stunting and wasting was found to be 30 (7.5%), 46 (11.5%) and 7 (1.8%) respectively.

![Figure 1](image)

**Figure 1:** Distribution of nutritional status of study subjects according to WHO child growth standards 2006 (n=400).

**Table 1: Prevalence of under nutrition among study subjects according to certain selected variables of the child.**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Classification</th>
<th>Children observed (N)</th>
<th>Prevalence of undernutrition n (%)</th>
<th>Underweight</th>
<th>Stunting</th>
<th>Wasting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>190</td>
<td>82 (43.2)</td>
<td>88 (46.3)</td>
<td>31 (16.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>210</td>
<td>70 (33.3)</td>
<td>84 (40)</td>
<td>32 (15.2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>400</td>
<td>152 (38)</td>
<td>172 (43)</td>
<td>63 (15.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(\chi^2=4.087) (p=0.043)</td>
<td>(\chi^2=1.623) (p=0.203)</td>
<td>(\chi^2=0.87) (p=0.768)</td>
<td></td>
</tr>
<tr>
<td>Age (in months)</td>
<td>12-23</td>
<td>112</td>
<td>43 (38.4)</td>
<td>55 (49.1)</td>
<td>22 (19.6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24-35</td>
<td>101</td>
<td>32 (31.7)</td>
<td>43 (42.6)</td>
<td>10 (9.9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>36-47</td>
<td>97</td>
<td>37 (38.1)</td>
<td>36 (37.1)</td>
<td>12 (12.4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>48-59</td>
<td>90</td>
<td>40 (44.4)</td>
<td>38 (42.2)</td>
<td>19 (21.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>400</td>
<td>152 (38)</td>
<td>172 (43)</td>
<td>63 (15.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(\chi^2=3.305) (p=0.347)</td>
<td>(\chi^2=3.105) (p=0.376)</td>
<td>(\chi^2=6.667) (p=0.083)</td>
<td></td>
</tr>
<tr>
<td>Birth weight</td>
<td>Low</td>
<td>64</td>
<td>38 (59.4)</td>
<td>41 (64.1)</td>
<td>15 (23.4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>283</td>
<td>87 (30.7)</td>
<td>107 (37.8)</td>
<td>36 (12.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>347*</td>
<td>125 (36)</td>
<td>148 (42.7)</td>
<td>51 (14.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(\chi^2=18.568) (p=0.000)</td>
<td>(\chi^2=14.708) (p=0.000)</td>
<td>(\chi^2=4.781) (p=0.029)</td>
<td></td>
</tr>
<tr>
<td>Birth order</td>
<td>First</td>
<td>192</td>
<td>65 (33.9)</td>
<td>69 (35.9)</td>
<td>27 (14.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Second</td>
<td>134</td>
<td>49 (36.6)</td>
<td>66 (49.3)</td>
<td>19 (14.2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Third &amp; above</td>
<td>74</td>
<td>38 (51.4)</td>
<td>37 (50)</td>
<td>17 (23)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>400</td>
<td>152 (38)</td>
<td>172 (43)</td>
<td>63 (15.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(\chi^2=7.116) (p=0.028)</td>
<td>(\chi^2=7.525) (p=0.023)</td>
<td>(\chi^2=3.571) (p=0.168)</td>
<td></td>
</tr>
<tr>
<td>Number of siblings</td>
<td>None</td>
<td>87</td>
<td>28 (32.2)</td>
<td>30 (34.5)</td>
<td>14 (16.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>One</td>
<td>206</td>
<td>71 (34.5)</td>
<td>90 (43.7)</td>
<td>27 (13.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two &amp; above</td>
<td>107</td>
<td>53 (49.5)</td>
<td>52 (48.6)</td>
<td>22 (20.6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>400</td>
<td>152 (38)</td>
<td>172 (43)</td>
<td>63 (15.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(\chi^2=8.382) (p=0.015)</td>
<td>(\chi^2=3.983) (p=0.136)</td>
<td>(\chi^2=2.958) (p=0.228)</td>
<td></td>
</tr>
</tbody>
</table>

Continued.
Variables of breastfeeding compared to others and number of siblings of the child and it was found to be significant for underweight (p=0.04). Similarly breastfeeding was found to be directly proportional to both the birth order and number of siblings of the child and it was found to be significant for underweight (p=0.02) and stunting (p=0.00). The prevalence of all the forms of undernutrition was more in male children than females and it was found to be significant for underweight (p=0.04). Similarly undernutrition was significantly more prevalent in children who had low birth weight compared to others in the present study (p=0.00 for underweight, p=0.00 for stunting and p=0.02 for wasting). Undernutrition was found to be directly proportional to both the birth order and number of siblings of the child and it was found to be significant for underweight (p=0.02) and stunting.

Table 2: Prevalence of under nutrition among study subjects according to certain social and environmental factors.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Classification</th>
<th>Children observed N</th>
<th>Prevalence of undernutrition n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Underweight</td>
</tr>
<tr>
<td>Immunization status</td>
<td>Complete</td>
<td>376</td>
<td>145 (38.6)</td>
</tr>
<tr>
<td></td>
<td>Partial</td>
<td>24</td>
<td>7 (29.2)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>400</td>
<td>152 (38)</td>
</tr>
<tr>
<td></td>
<td>χ²=0.846</td>
<td>p=0.358</td>
<td>χ²=0.973</td>
</tr>
<tr>
<td></td>
<td>Excl exclusive breastfeeding</td>
<td>Given</td>
<td>336</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not given</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>400</td>
<td>152 (38)</td>
</tr>
<tr>
<td></td>
<td>χ²=0.425</td>
<td>p=0.514</td>
<td>χ²=0.175</td>
</tr>
</tbody>
</table>

Only children having data regarding their birth weights are considered here.

Table 1 shows the prevalence of undernutrition among study subjects according to certain important variables of the child. The prevalence of all the forms of undernutrition was more in male children than females and it was found to be significant for underweight (p=0.04). Similarly undernutrition was significantly more prevalent in children who had low birth weight compared to others in the present study (p=0.00 for underweight, p=0.00 for stunting and p=0.02 for wasting). Undernutrition was found to be directly proportional to both the birth order and number of siblings of the child and it was found to be significant for underweight (p=0.02) and stunting.
DISCUSSION

The prevalence of undernutrition was high in the present study with 38% of underweight, 43% of stunting and 15.8% of wasting among children similar to the findings of NFHS – 3 survey10 for Karnataka and other studies done in different parts of the country.5,11-13 However, many other studies have found even higher prevalences of undernutrition, which could be due to differences in the study settings, cultural diversity between study populations, different time periods, differences in sampling techniques and data collection tools as well as differences in standards/references used for classifying undernutrition.14-17

In the present study, male children were found to be more affected by undernutrition than females contrary the findings of many other studies.11,15,16,18 NFHS – 3 and HUNGaMa surveys however have reported almost equal prevalence of undernutrition among male and female children.10,19 The prevalence of undernutrition was more in children who had low birth weight which conforms to the findings of two other studies.16,17 Both increasing birth order and number of siblings have been found to be associated with increasing prevalence of undernutrition in the present study similar to the findings of NFHS–3 survey and a study by Sengupta et al respectively.10,16

Many studies including NFHS–3 and HUNGaMa survey have found an inverse association between the prevalence of undernutrition and maternal and paternal education unlike the present study findings.10,11,14,16,18,19 However there was significant association between undernutrition and paternal education similar to the findings of the study by Mathad et al done in Belgaum, Karnataka.20 A study by Joshi et al reported significantly higher prevalence of undernutrition in children belonging to lower caste similar to the present study.14 Availability of toilet in the house has been shown to have a positive impact on the nutritional status of preschool children which also confirms HUNGaMa survey report.19

CONCLUSION

The present study revealed that the problem of undernutrition is critical in the study area and identifies multiple risk factors for its causation thereby emphasizing on multi sectoral approach for the prevention of the same.

ACKNOWLEDGEMENTS

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Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

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